Exhibit 27-9

SAMPLE REMITTANCE ADVICE - PAID FACILITY INPATIENT CLAIMS

RUN: 11/29/2003

REPORT ID: F104W400 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE: 3

FACILITY REMITTANCE ADVICE - ACUTE

001549 PAID CLAIMS - INVOICE DATE: 11/29/2003

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL INVOICE NUMBER: A020000000001

SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL CHECK NUMBER: 48746
PAYMENT DATE: 12/02/2003

TAX ID:	99999999
FORM TYPE:	INPATIENT

PROGRAM ID: FI04L400

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS			
A12345678 A12345678	OAKLEY, ANNIE 0011617768-1	033100001001 11/26/2003	10/20/2003 10/21/2003	760.00 1.00	1.00	760.00	ALLOWED AMOUNT	(*)
PRICE EXPL:	PDM *AHA	11/20/2003	10/21/2003	1.00		760.00	NET PAID AMOUNT	7
A87654321	JANE, CALAMITY	033100002003	10/25/2003	1,520.00	2.00	1,520.00	ALLOWED AMOUNT	(*)
A87654321 PRICE EXPL:	J4176027943-1 PDM *AHA	11/26/2003	10/27/2003	2.00		1,520.00	NET PAID AMOUNT	
A18273645	EARP, WYATT	033100003003	10/19/2003	760.00	3.00	2,280.00	ALLOWED AMOUNT	, ,
A18273645 PRICE EXPL:	E0116543257-2 PDM *AHA	11/26/2003	10/22/2003	3.00		2,280.00	NET PAID AMOUNT	
A11223344 A11223344	YOUNGER, COLE Y0227188796-1	033100004004 11/26/2003	10/21/2003 10/22/2003	2,280.00 3.00	1.00	760.00	ALLOWED AMOUNT	(*)
PRICE EXPL:	PDM *AHA	11/20/2003	10/22/2003	3.00		760.00	NET PAID AMOUNT	
A43218765	CRAWFORD, KATY	033100005005	10/23/2003	6,080.00	8.00	6,080.00	ALLOWED AMOUNT	(*)
A43218765 PRICE EXPL:	C5522613008-1 PDM *AHA	11/26/2003	10/31/2003	8.00		6,080.00	NET PAID AMOUNT	
A18273645	JAMES, JESSE	033100006006	10/28/2003	1,520.00	2.00	1 520 00	ALLOWED AMOUNT	 (*)
A18273645	J7158700699-1	11/26/2003	10/30/2003	2.00	2.00			\ /
PRICE EXPL:	PDM *AHA					1,520.00	NET PAID AMOUNT	

- PRICE EXPL(anation) codes are listed on Processing Notes page
- Asterisk (*) before PRICE EXPL code shows how Allowed Amount was determined (e.g., AHA = AHCCCS Allowed, PDM = Per Diem)